

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00006080

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

1 2

0 1

2 0 0 7

through

1 2

3 1

2 0 0 7

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Gail Clarkson

Signature of Treasurer

Electronically Filed by Ms. Gail Clarkson

Date

0 1

3 1

2 0 0 8

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	2	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		140530.01
(b) Cash on Hand at Beginning of Reporting Period	122539.41	
(c) Total Receipts (from Line 19)	29389.94	629887.10
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	151929.35	770417.11
7. Total Disbursements (from Line 31)	39057.89	655545.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	112871.46	114871.46
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	2	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	28747.15	574022.51
(i) Itemized (use Schedule A)		
(ii) Unitemized	642.79	49364.59
(iii) TOTAL (add Lines 11(a)(i) and (ii)	29389.94	623387.10
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	3500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	29389.94	626887.10
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	-1000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	29389.94	629887.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29389.94	629887.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	257.89	8524.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	257.89	8524.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	38800.00	646900.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	121.38
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	39057.89	655545.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39057.89	655545.65

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	29389.94	626887.10
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29389.94	626887.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	257.89	8524.27
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	-1000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	257.89	9524.27

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Cecil Barcelo

Mailing Address 411 Alabama Ave

City

League City

State

TX

Zip Code

77573-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baywind Village

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: C375017

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Harold Beebe

Mailing Address 14 Northtown Dr
Ste 202

City

Jackson

State

MS

Zip Code

39211-3018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Delco Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 7

Transaction ID: C375004

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 1201 L Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: C373314

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 1201 L Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: C375029

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Jim Birchem

Mailing Address 211 1 st Street SE

City

Little Falls

State

MN

Zip Code

56345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eldercare of Minnesota

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: C375016

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Cam Cecil

Mailing Address PO Box 5419

City

Spartanburg

State

SC

Zip Code

29304-5419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Care Corporation

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: C374735

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

2290.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Julie Cheeka

Mailing Address 3614 Connecticut Ave NW
Apt 22

City State Zip Code
Washington DC 20008-2436

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Senior Director of Constituency Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: C373315

Amount of Each Receipt this Period

11.54

B.

Full Name (Last, First, Middle Initial)

Julie Cheeka

Mailing Address 3614 Connecticut Ave NW
Apt 22

City State Zip Code
Washington DC 20008-2436

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Senior Director of Constituency Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: C375030

Amount of Each Receipt this Period

23.08

C.

Full Name (Last, First, Middle Initial)

Steven E. Chies

Mailing Address 8624 Mississippi Blvd NW

City State Zip Code
Coon Rapids MN 55433-5968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benedictine Health System-
Cambridge

Occupation
VP, Long Term Care Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 0 7

Transaction ID: C373233

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

2534.62

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Louis E. Cottrell, Jr.

Mailing Address 4156 Carmichael Rd

City

Montgomery

State

AL

Zip Code

36106-2866

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alabama Nursing Home Asso-
ciation

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: C375014

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Heather Anne Cutler

Mailing Address 309 W Myrtle St

City

Alexandria

State

VA

Zip Code

22301-2428

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

PAC Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.80

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: C369423

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Heather Anne Cutler

Mailing Address 309 W Myrtle St

City

Alexandria

State

VA

Zip Code

22301-2428

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

PAC Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.80

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: C373327

Amount of Each Receipt this Period

14.29

SUBTOTAL of Receipts This Page (optional)

544.29

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Heather Anne Cutler

Mailing Address 309 W Myrtle St

City

Alexandria

State

VA

Zip Code

22301-2428

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

PAC Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.80

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: C375041

Amount of Each Receipt this Period

28.58

B.

Full Name (Last, First, Middle Initial)

W L Dunn

Mailing Address 870 Bexley Ave

City

Marion

State

OH

Zip Code

43302-5463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marion Manor Nursing Hm
Inc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 3 / 2 0 0 7

Transaction ID: C372146

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Susan Feeney

Mailing Address 7005 Metropolitan PI

City

Falls Church

State

VA

Zip Code

22043-2330

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.59

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: C373316

Amount of Each Receipt this Period

21.43

SUBTOTAL of Receipts This Page (optional)

550.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Susan Feeney

Mailing Address 7005 Metropolitan Pl

City

Falls Church

State

VA

Zip Code

22043-2330

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.59

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: C375031

Amount of Each Receipt this Period

42.86

B.

Full Name (Last, First, Middle Initial)

Eduardo Gonzalez

Mailing Address 118 B St

City

Fillmore

State

CA

Zip Code

93015-1763

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fillmore Convalescent Cen-
ter

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: C375008

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Michael Hamm

Mailing Address 1501 42nd St
Ste 375

City

West Des Moines

State

IA

Zip Code

50266-1090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hawkeye Care Centers Inc

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: C375018

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

592.86

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgecrest Drive

City

Alexandria

State

VA

Zip Code

22308-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1171.38

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: C373319

Amount of Each Receipt this Period

43.65

B.

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgecrest Drive

City

Alexandria

State

VA

Zip Code

22308-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1171.38

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: C375033

Amount of Each Receipt this Period

87.30

C.

Full Name (Last, First, Middle Initial)

Paul Hubbard

Mailing Address 16540 North Woodson Drive

City

Ramona

State

CA

Zip Code

92065-6832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plum Healthcare Group LLC

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: C374838

Amount of Each Receipt this Period

3750.00

SUBTOTAL of Receipts This Page (optional)

3880.95

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Samuel Kaplan

Mailing Address 5500 Wells Fargo Center
90 South Seventh St

City State Zip Code
Minneapolis MN 55402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tealwood Care Centers

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: C375007

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Richard Kase

Mailing Address 5125 Pine Rocklands Avenue

City State Zip Code
Lithia FL 33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cypress Healthcare

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: C369429

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Cheryl Killian

Mailing Address 3801 Woodside Dr

City State Zip Code
Arlington TX 76016-3030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legacy Care Centers Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: C375020

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

2025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Kylo

Mailing Address 4621 28th Road South
PAYROLL DEDUCTION

City State Zip Code
Arlington VA 22206

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Director, Assisted Living

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1028.56

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: C373322

Amount of Each Receipt this Period

39.56

B.

Full Name (Last, First, Middle Initial)

David Kylo

Mailing Address 4621 28th Road South
PAYROLL DEDUCTION

City State Zip Code
Arlington VA 22206

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Director, Assisted Living

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1028.56

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: C375036

Amount of Each Receipt this Period

79.12

C.

Full Name (Last, First, Middle Initial)

Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City State Zip Code
Bethesda MD 20816

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Association

Occupation
Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: C374823

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional)

293.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City

Arlington

State

VA

Zip Code

22207-5107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sr. Director of Congressi-
onal Affairs

Occupation

American Health Care Association

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: C373320

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City

Arlington

State

VA

Zip Code

22207-5107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sr. Director of Congressi-
onal Affairs

Occupation

American Health Care Association

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: C375034

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Eileen Ramage

Mailing Address 11108 Post House Ct

City

Potomac

State

MD

Zip Code

20854-2534

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: C375005

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1060.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Shelley Sabo

Mailing Address 6360 Tisbury Dr
PAYROLL DEDUCTION

City State Zip Code
Burke VA 22015-4061

FEC ID number of contributing
federal political committee.

C

Name of Employer
NCAL

Occupation
Director Assisted Living

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: C373323

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Shelley Sabo

Mailing Address 6360 Tisbury Dr
PAYROLL DEDUCTION

City State Zip Code
Burke VA 22015-4061

FEC ID number of contributing
federal political committee.

C

Name of Employer
NCAL

Occupation
Director Assisted Living

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: C375037

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

V. James Santarsiero

Mailing Address Executive Plaza 111
Suite 503

City State Zip Code
Hunt Valley MD 21021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Perennial Healthcare Manage-
ment, Inc.

Occupation
Managing Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: C373312

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5030.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Maryanne Sapio

Mailing Address 1324 South Kenmore Circle

City

Arlington

State

VA

Zip Code

22204

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Director, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.22

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: C373324

Amount of Each Receipt this Period

15.79

B.

Full Name (Last, First, Middle Initial)

Maryanne Sapio

Mailing Address 1324 South Kenmore Circle

City

Arlington

State

VA

Zip Code

22204

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Director, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.22

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: C375038

Amount of Each Receipt this Period

31.58

C.

Full Name (Last, First, Middle Initial)

Jennifer Shimer

Mailing Address 9507 Shelly Krasnow Ln

City

Fairfax

State

VA

Zip Code

22031-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: C373321

Amount of Each Receipt this Period

11.54

SUBTOTAL of Receipts This Page (optional)

58.91

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jennifer Shimer

Mailing Address 9507 Shelly Krasnow Ln

City

Fairfax

State

VA

Zip Code

22031-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: C375035

Amount of Each Receipt this Period

23.08

B.

Full Name (Last, First, Middle Initial)

Wendy L. Simpson

Mailing Address 5235 Linwood Drive

City

Los Angeles

State

CA

Zip Code

90027

FEC ID number of contributing
federal political committee.

C

Name of Employer
LTC Properties, Inc.

Occupation

CEO & President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: C375013

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Matthew D. Smyth

Mailing Address 1201 L Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Director of Grassroots

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

528.75

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: C373325

Amount of Each Receipt this Period

31.25

SUBTOTAL of Receipts This Page (optional)

1054.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Matthew D. Smyth

Mailing Address 1201 L Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Director of Grassroots

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

528.75

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: C375039

Amount of Each Receipt this Period

62.50

B.

Full Name (Last, First, Middle Initial)

Andrew Stokes

Mailing Address 2927 Sterling Place

City

Altadena

State

CA

Zip Code

91001-4930

FEC ID number of contributing
federal political committee.

C

Name of Employer
LTC Properties, Inc.

Occupation

VP, Marketing & Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: C375012

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

John A. Vinson

Mailing Address 329 Townpark Circle

City

Louisville

State

KY

Zip Code

40243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Systems of KY

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: C374839

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2062.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Andrew S Weisman

Mailing Address 5310 NW 33rd Ave
Ste 211

City State Zip Code
Fort Lauderdale FL 33309-6319

FEC ID number of contributing
federal political committee.

C

Name of Employer
NuVision Management

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: C375009

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Arnold Whitman

Mailing Address 1035 Powers Place

City State Zip Code
Alpharetta GA 30004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Formation Capital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: C373313

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Andrew S Weisman

Mailing Address 5310 NW 33rd Ave
Ste 211

City State Zip Code
Fort Lauderdale FL 33309-6319

FEC ID number of contributing
federal political committee.

C

Name of Employer
NuVision Management

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: C374808

Amount of Each Receipt this Period

-500.00

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)

6250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 33

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Debi Weisman

Mailing Address 5310 NW 33rd Ave

City

Fort Lauderdale

State

FL

Zip Code

33309-6319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: C374809

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

28747.15

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BB & T CREDIT CARD

Mailing Address 2200 Wilson Blvd
Ste 200

City Arlington State VA Zip Code 22201-3324

Purpose of Disbursement
CC Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D57157

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

211.72

B.

Full Name (Last, First, Middle Initial)

BB & T

Mailing Address PO Box 819
Operations Center

City Wilson State NC Zip Code 27894-0819

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D57156

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

46.17

SUBTOTAL of Disbursements This Page (optional)

257.89

TOTAL This Period (last page this line number only)

257.89

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

HAWKEYE PAC, THE

Mailing Address PO Box 7255

City
Des Moines

State
IA

Zip Code
50309

Purpose of Disbursement
Contributions to federal committees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D56855

Date of Disbursement

12 / 21 / 2007

Amount of Each Disbursement this Period

4000.00

B.

Full Name (Last, First, Middle Initial)

HEATHER WILSON FOR SENATE

Mailing Address PO BOX 14070

City
Albuquerque

State
NM

Zip Code
87191

Purpose of Disbursement
Contributions to Federal candidates

Candidate Name
Heather Wilson

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District:

Transaction ID: D56851

Date of Disbursement

12 / 21 / 2007

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

LA PAC

Mailing Address 6380 Wilshire Blvd
Ste 1612

City
Los Angeles

State
CA

Zip Code
90048-5018

Purpose of Disbursement
Contributions to federal committees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D56093

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

-2500.00

SUBTOTAL of Disbursements This Page (optional)

3800.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

LA PAC

Mailing Address 6380 Wilshire Blvd
Ste 1612

City Los Angeles State CA Zip Code 90048-5018

Purpose of Disbursement
Contributions to federal committees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D56094

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	5		2	0	0	7

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

NEBRASKA LEADERSHIP PAC

Mailing Address P.O. Box 3325

City Omaha State NE Zip Code 68103

Purpose of Disbursement
Contributions to federal committees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D56082

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	7

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

NODAK PAC

Mailing Address PO Box 75214

City Washington State DC Zip Code 20013

Purpose of Disbursement
Contributions to federal committees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D56120

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	7

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

NODAK PAC

Mailing Address PO Box 75214

City
Washington

State
DC

Zip Code
20013

Purpose of Disbursement
Contributions to federal committees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D56077

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

OUR CONGRESS POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 344

City
PRESCOTT

State
AR

Zip Code
71857

Purpose of Disbursement
Contributions to federal committees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D56092

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 45706

City
Philadelphia

State
PA

Zip Code
19149

Purpose of Disbursement
Contributions to federal candidates

Candidate Name
Rep. Allyson Y. Schwartz

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: D56083

Date of Disbursement

/ /

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)

5250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

HOOSIERS FOR HILL

Mailing Address PO Box 1071

City
Seymour

State
IN

Zip Code
47274

Purpose of Disbursement
Contributions to federal candidates

Candidate Name
Rep. Baron Hill

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 09

Transaction ID: D56856

Date of Disbursement

12 / 21 / 2007

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF CAROLYN MCCARTHY

Mailing Address 151 Linden Road

City
Mineola

State
NY

Zip Code
11501

Purpose of Disbursement
Voided check

Candidate Name
Rep. Carolyn McCarthy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 04

Transaction ID: D56852

Date of Disbursement

12 / 21 / 2007

Amount of Each Disbursement this Period

-1000.00

C.

Full Name (Last, First, Middle Initial)

CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN

Mailing Address PO Box 12612

City
San Antonio

State
TX

Zip Code
78212

Purpose of Disbursement
Contributions to federal candidates

Candidate Name
Rep. Charles A. Gonzalez

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 20

Transaction ID: D56075

Date of Disbursement

12 / 04 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
LOT OF PEOPLE FOR DAVE OBEY

Mailing Address 932 Ross Ave

City State Zip Code
WAUSAU WI 54403-6721

Purpose of Disbursement
Contributions to federal candidates

Candidate Name
Rep. David R. Obey

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 07

Transaction ID: D56078

Date of Disbursement

12 / 04 / 2007

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
HELLER FOR CONGRESS

Mailing Address PO Box 750580

City State Zip Code
Las Vegas NV 89136-0580

Purpose of Disbursement
Contributions to federal candidates

Candidate Name
Rep. Dean Heller

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 02

Transaction ID: D56085

Date of Disbursement

12 / 04 / 2007

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
WALDEN FOR CONGRESS INC.

Mailing Address PO Box 1091

City State Zip Code
Hood River OR 97031

Purpose of Disbursement
Contributions to federal candidates

Candidate Name
Rep. Greg Walden

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 02

Transaction ID: D56086

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) HEATHER WILSON FOR CONGRESS	Transaction ID: D56076 Date of Disbursement
Mailing Address P.O. BOX 14070	<div> <div>12</div> <div>04</div> <div>2007</div> </div>
City ALBUQUERQUE State NM Zip Code 87191	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to federal candidates	<div>2300.00</div>
Candidate Name Rep. Heather A. Wilson	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) HEATHER WILSON FOR CONGRESS	Transaction ID: D56850 Date of Disbursement
Mailing Address P.O. BOX 14070	<div> <div>12</div> <div>21</div> <div>2007</div> </div>
City ALBUQUERQUE State NM Zip Code 87191	Amount of Each Disbursement this Period
Purpose of Disbursement Voided check	<div>-2300.00</div>
Candidate Name Rep. Heather A. Wilson	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE	Transaction ID: D56073 Date of Disbursement
Mailing Address 499 S Capitol St SW Ste 404	<div> <div>12</div> <div>04</div> <div>2007</div> </div>
City Washington State DC Zip Code 20003-4004	Amount of Each Disbursement this Period
Purpose of Disbursement Voided check	<div>-1000.00</div>
Candidate Name Rep. Jason Altmire	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

-1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

CITIZENS FOR ALTMIRE

Mailing Address 499 S Capitol St SW
Ste 404

City Washington State DC Zip Code 20003-4004

Purpose of Disbursement
Contributions to federal committees

Candidate Name
Rep. Jason Altmire

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 04

Transaction ID: D56074

Date of Disbursement

12 / 04 / 2007

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

INSLEE FOR CONGRESS

Mailing Address PO Box 686

City Selah State WA Zip Code 98942-0686

Purpose of Disbursement
Voided check

Candidate Name
Rep. Jay Inslee

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 01

Transaction ID: D56848

Date of Disbursement

12 / 21 / 2007

Amount of Each Disbursement this Period

-1000.00

C.

Full Name (Last, First, Middle Initial)

JOHN D. DINGELL FOR CONGRESS COMMITTEE

Mailing Address 607 14th Street N.W.

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contributions to federal candidates

Candidate Name
Rep. John D. Dingell

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 15

Transaction ID: D56084

Date of Disbursement

12 / 04 / 2007

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) BRADY FOR CONGRESS	Transaction ID: D56607 Date of Disbursement
Mailing Address P.O. Box 8277	<div> <div>12</div> <div>12</div> <div>2007</div> </div>
City State Zip Code The Woodlands TX 77387	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal candidates	<div>1000.00</div>
Candidate Name Rep. Kevin Brady	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) NIKI TSONGAS COMMITTEE, THE	Transaction ID: D56606 Date of Disbursement
Mailing Address PO Box 1454	<div> <div>12</div> <div>12</div> <div>2007</div> </div>
City State Zip Code Lowell MA 01853	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates	<div>2000.00</div>
Candidate Name Rep. Niki Tsongas	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) PAUL BROWN COMMITTEE	Transaction ID: D56072 Date of Disbursement
Mailing Address PO BOX 7165	<div> <div>12</div> <div>04</div> <div>2007</div> </div>
City State Zip Code ATHENS GA 30604	Amount of Each Disbursement this Period
Purpose of Disbursement Voided check	<div>-1000.00</div>
Candidate Name Rep. Paul Brown	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL

Mailing Address POST OFFICE BOX 711

City State Zip Code
ROCKWALL TX 75087

Purpose of Disbursement
Contributions to federal candidates

Candidate Name
Rep. Ralph M. Hall

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 04

Transaction ID: D56081

Date of Disbursement

12 / 04 / 2007

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

BERKLEY FOR CONGRESS

Mailing Address PO Box 7397

City State Zip Code
Las Vegas NV 89125-7397

Purpose of Disbursement
Voided check

Candidate Name
Rep. Shelley Berkley

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 01

Transaction ID: D56853

Date of Disbursement

12 / 21 / 2007

Amount of Each Disbursement this Period

-1000.00

C.

Full Name (Last, First, Middle Initial)

BERKLEY FOR CONGRESS

Mailing Address PO Box 7397

City State Zip Code
Las Vegas NV 89125-7397

Purpose of Disbursement
Contributions to federal candidates

Candidate Name
Rep. Shelley Berkley

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 01

Transaction ID: D56854

Date of Disbursement

12 / 21 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Health Care Association Political Action Committee

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
TIM JOHNSON FOR SOUTH DAKOTA INC

Mailing Address PO BOX 1859

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement
Contributions to federal candidates

Candidate Name
Sen. Tim Johnson

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▼

State: SD District: 00

Transaction ID: D56087

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
SHAFROTH FOR CONGRESS

Mailing Address PO BOX 982

City Boulder State CO Zip Code 80306

Purpose of Disbursement
Contributions to federal candidates

Candidate Name
WILLIAM G SHAFROTH

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 02

Transaction ID: D56857

Date of Disbursement

12 / 21 / 2007

Amount of Each Disbursement this Period

250.00

C. Full Name (Last, First, Middle Initial)
TOGETHER FOR OUR MAJORITY POLITICAL ACTION COMMITTEE (T-OMPAC)

Mailing Address PO Box 16488

City Arlington State VA Zip Code 22215

Purpose of Disbursement
Voided check

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D56849

Date of Disbursement

12 / 21 / 2007

Amount of Each Disbursement this Period

-2500.00

SUBTOTAL of Disbursements This Page (optional)

-1250.00

TOTAL This Period (last page this line number only)

38800.00